



Campaign Finance Disclosure Statement

State of South Dakota

Appendix B
RECEIVED
FEB 15 2008
S.D. SEC. OF STATE

County, municipal and school candidates file in the office where you filed your nominating petition. Statewide PACs, political party, ballot question and other committees file statement with the Secretary of State's Office.

Mail to Secretary of State's Office, Election Department, 500 E Capitol Ave., Ste. 204, Pierre, SD 57501-5070
Fax to 605-773-6580 or email to kea.warne@state.sd.us Fax and email images must contain the signature and the original must be filed in our office within one week following the date the fax/email was received.

☐ Check here if you are a legislative candidate filing a pre-primary or pre-general report and received and spent less than \$10,000. If so, you only need to complete pages 1 & lines 2 & 7 of page 8 of this report.

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Committee South Dakota Medical Group Management Association PAC

Complete Street and Postal Address 2600 West 49th Street, Suite 200, Sioux Falls, SD 57105

Name of Person Making Report Bruce Hanson

Daytime Phone Number (605) 336-1965 Evening Phone Number _____

Email Address bhanson@dakotacare.com

If you are a candidate, what office are you seeking? N/A

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

N/A

Type of Campaign Statement Year End
re-election, year-end, mid-year (mid-year for ballot questions committees only), amendment, supplement or termination

Filed this 15th day of Feb 08
Chris Nelson
SECRETARY OF STATE

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

Scott Lunzman (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the treasurer responsible for filing to a civil penalty of fifty dollars per day for each day that the statement remains delinquent.

Date: 2-14-2008

Scott Lunzman
Signature of Treasurer

Schedule C - Other Income

Use this schedule to report any refunds, rebates, interest earned, sale of property, or other income which is not a direct contribution.

Source of Income	Description of Income	Amount
Total:		-0-

Schedule D - Establishing and Administration of Committee/Solicitation Costs

List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or solicitation costs of the political committee.

[illegible]

This schedule is to report all expenditures relating to a candidate's campaign. Categories have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Total Expenditures:

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

Balance of cash and cash equivalents on hand, if any, at the beginning of		
1. the reporting period:		\$ <u>1,342.50</u>
2. Receipts		
Schedule A - Direct Contributions	\$ <u>1,370</u>	<i>KLW 2-15-08</i>
Schedule B - In-Kind Contributions	\$ <u>1,370.00</u>	
Schedule C - Other Income	\$ _____	
Schedule D - Establishing/Administration of Committee	\$ _____	
Total of all Receipts	\$ _____	
3. Total Monetary Receipts (A+C)		\$ <u>1,370.00</u>
4. Candidate's Personal Contribution to Own Campaign		\$ _____
5. Monetary Loans to Candidate or Committee During Reporting Period		\$ _____
6. Monetary Loans Repaid During Reporting Period		\$ _____
7. Expenditures - Schedule E		\$ _____
8. Debts & Obligations Owed by the Committee - Schedule F	\$ _____	
9. Monetary Loans Made by the Committee During the Reporting Period - Schedule G		\$ _____
10. Monetary Loans Repaid to the Committee During the Reporting Period - Schedule G		\$ _____
11. Amount on hand at the close of this reporting period. This should equal lines (1+3+4+5) - (6+7+9)		*\$ <u>2,712.50</u>

***Note: You cannot end the reporting period with a negative balance.**

If you are a ballot question committee which received a contribution from an organization, please attach to this campaign finance disclosure statement, the Ballot Question Statement you received from the organization.

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Corporations Division

If no date is displayed in the 'Last Annual Report' column, you must check the 'Date of Incorporation' Column. Organizations which show 'delinquent' in the status column, are either not in good standing or have yet to be processed by our office. If an organization shows as 'delinquent' or you are unable to locate the organization you are seeking, please contact our Corporations Division at (605) 773-4845.

1 Records Found

[Click here for Corporate Forms](#)

<u>Corporation Name</u>	<u>Org ID Number</u>	<u>Date of Incorporation /Qualification</u>	<u>Last Annual Report</u>	<u>Org Type</u>	<u>Status</u>
SOUTH DAKOTA MEDICAL GROUP MANAGEMENT ASSOCIATION	NS009503	10/22/1991	12/04/2006 Inc	Inc	Delinquent

Corporations with the 'NS' prefix (non-profit) or the 'CH' prefix (domestic churches) were required to file a report every third year (1990, 1993, 1996, 1999, 2002). Starting in 2004, these corporations were required to report annually.